STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910385	**04/19/2017**
NAME OF PROVIDER OR SUPPLIER **TROPICAL GARDEN VILLAS INC. (H**	STREET ADDRESS, CITY, STATE, ZIP CODE **432 SOUTH 'F' STREET** **LAKE WORTH, FL 33460**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An Initial Limited Mental Health licensure survey was conducted on 4/19/17 at Tropical Garden Villas (Home), License #5553. The facility had no deficiencies found at the time of the visit.